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Bib Data Sheet

CONFIRMATION NO. 2667

|                             |  |              |                        |                                  |
|-----------------------------|--|--------------|------------------------|----------------------------------|
| SERIAL NUMBER<br>10/526,098 | FILING OR 371(c)<br>DATE<br>02/25/2005<br>RULE | CLASS<br>600 | GROUP ART UNIT<br>3736 | ATTORNEY<br>DOCKET NO.<br>190-84 |
|-----------------------------|--|--------------|------------------------|----------------------------------|

**APPLICANTS**

Yves Chatrenet, Sallanches, FRANCE;

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/FR03/02604 08/29/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

FRANCE 0211082 09/02/2002

**\*\* SMALL ENTITY \*\***

|                                 |   |                  |                |              |                    |
|---------------------------------|---|------------------|----------------|--------------|--------------------|
| Foreign Priority claimed        | <input type="checkbox"/> yes <input type="checkbox"/> no  | STATE OR COUNTRY | SHEETS DRAWING | TOTAL CLAIMS | INDEPENDENT CLAIMS |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | FRANCE           | 4              | 11           | 1                  |
| Verified and Acknowledged       | Examiner's Signature _____ Initials _____   |                  |                |              |                    |

**ADDRESS**

02746

**TITLE**

Muscle strength measuring method and device

|                            |   |   |
|----------------------------|---|---|
| FILING FEE RECEIVED<br>450 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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